

**Iowa Division of Labor  
Elevator Safety**

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**Escalator Test & Inspection Report**

ASME A17.1 – Sections 8.10.4 and 8.11.4

**Annual**

**Acceptance**

**5-Year**

**Alteration**

**State ID:** \_\_\_\_\_

Date tested: \_\_\_\_\_

Passed inspection

Passed test

Failed inspection

Failed test

Complete all items at time of acceptance, alteration or 5-year tests. Write "N/A" if not applicable. Form will be returned if not completed. **Submit copy of step skirt index computer printout with this report.**

**Escalator Information**

Owner name				Building name					
Owner address				Location address					
City			State	Zip	City			State	Zip
Manufacturer			Installed code edition		Serial #		Normal travel of direction: up          down		
Rated Speed:	fpm	Capacity:	lbs	Brake torque data plate: (1983 or later)		Brake torque Actual:		Calibration Certificate #:	

**1. ASME A17.1 Section 8, step/skirt performance index**

The escalator skirt shall not be cleaned, lubricated or otherwise modified in preparation for testing. The escalator instantaneous step/skirt index measurements (ASME A17.1 Rule 8.6.8.3) shall be recorded at intervals no larger than 150 mm (6 in) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps shall be separated by a minimum of 8 steps.

Step 1 left:	Step 1 right:	Step 2 left:	Step 2 right:	Skirt deflectors: Yes      No
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**2. ASME A17.1 Section 8, clearance between step and skirt (loaded gap installed under ASME A17.1d-2000)**

Loaded gap measurements shall be taken at intervals not exceeding 300 mm (12 in) in transition region (ASME A17.1 Rule 8.6.8.2) and before the steps are fully extended. These measurements shall be made independently on each side of the escalator.

Top landing left:	Top landing right:	Bottom landing left:	Bottom landing right:
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**3. ASME A17.1 Section 8, clearance between step and skirt (unloaded gap installed prior to ASME A17.1d-2000)**

Unloaded gap measurements shall be taken at several locations through entire travel. Gaps cannot exceed maximums found in ASME A17.1 Rule 8.6.8.2.

Top landing left:	Top landing right:	Bottom landing left:	Bottom landing right:
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**Top comb-step impact device (if provided)**

Center:          lbs	Right:          lbs	Left:          lbs
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**Bottom comb-step impact device (if provided)**

Center:          lbs	Right:          lbs	Left:          lbs
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**PASS = meets requirements; FAIL = comment at the bottom of this checklist; N/A = not applicable**

Item	PASS	FAIL	N/A	Item	PASS	FAIL	N/A
1. General fire protection				16. Caution signs			
2. Geometry				17. Deck barricades and antislides			
3. Handrails				18. Steps and upthrust device			
4. Entrance and egress ends				19. Operating and safety devices			
5. Lighting				20. Skirt obstruction device			
6. Brake torque actual using certified wrench				21. Egress restriction (rolling shutter) device			
7. Speed governor				22. Speed			
8. Machinery, space access, lighting, receptacle and condition stop switch				23. Broken drive chain and disconnected motor safety switch			
9. Step/skirt clearance, panels and performance index				24. Handrail systems and safety devices (speed-stall device)			
10. Outdoor protection				25. Broken step chain device			
11. Steps and upthrust device				26. Missing step device			
12. Balustrades				27. Steps, step chains and trusses			
13. Controller and wiring				28. Reversal stop switch			
14. Drive machine and brake				29. Code data plate			
15. Response to smoke detectors				30. Step lateral displacement devices			

**Each item is referenced is ASME A17.2 – 2014 guide for inspection**

Reference the number above that failed to meet requirements and explanation of why it did not prove satisfactory

#	Explanation

**Comments**

**4. ASME A17.1 section 8 metal tag with the test date, the requirement number requiring the test and the name of the person or firm performing the test shall be installed in each machine room.**

I certify that the above tests were performed in compliance with ASCME A17.1 section 8.6.8.15

Company performing test	Name	Phone number	Date
Elevator company address	City	State	Zip
Test witnessed by (name)	Date	Phone number	
QEI provider	QEI number		